## FSA-1924-22

(05-09-02)

## U.S. Department of Agriculture

Farm Service Agency

## **BORROWER TRAINING COURSE EVALUATION**

PART A - (To be completed by Vendor):										
1. Course Title:				2. Instructor's Name:						
3. Name of Training Vendor:				4. Address of Vendor:						
5. Date(s) of Training Course:				6. Location:						
PART B - Please Check the App	ropriate R	espo	onse <i>(To b</i>	е со	mplet	ed by	Borrower):			
The topics covered in class were helpful to me in my business	Yes		Partially		No		11. Comments on the strong points of the course:			
2. The coverage of the subject matter was	Excellent		Sufficient		Poor					
3. The suitability of the instruction material was	Excellent		Sufficient		Poor					
4. The level of the course as	Too Advanced		Appropriate		Too Easy					
5. The length of the course was	Too Long		Appropriate		Too Short		12. Comments on t	the weak points	s of the course:	
6. The amount of outside work was	Too Much		Appropriate		Too Little					
7. The instructor(s) was	Excellent		Good		Poor					
8. The facilities were	Excellent		Good		Poor					
Will you continue to take training courses in production and financial management topics if not required?	Yes		Maybe		No					
Would you recommend this instructor to other individuals?	Yes		No Comment		No					
13A. Signature: (Optional)								13B. Date (M	M-DD-YYYY)	

## After you have completed this evaluation, please return it to the Vendor.

Note: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a)). The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921\_et seg.) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0154. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.